



GIVE THIS INFORMATION TO PARAMEDICS WHEN THEY ARRIVE.

Please ask someone to help you complete this form in English.

SECTION 1: PERSONAL INFORMATION

Name

Date of birth:

Address

Unit number

City/Town

Province

Postal code

Phone number

Health card number

Emergency contact name

Phone number

Power of attorney name

Phone number

LEAVE A COPY OF YOUR HEALTH CARD IN THIS ENVELOPE. KEEP YOUR HEALTH CARD AND OTHER IDENTIFICATION INFORMATION IN YOUR WALLET, PURSE OR ANOTHER SAFE PLACE.

SECTION 2: MEDICAL CONDITIONS AND HISTORY

Heart attack - Date:

Stroke - Date:

Congestive heart failure

Diabetes

Pacemaker

Asthma

Irregular heartbeat

Seizures

High blood pressure

Cancer - Date:

Chronic obstructive pulmonary disease (COPD)

Currently receiving chemotherapy or radiation

Mental health and related behaviors

Remission

Include any details about the conditions above, such as related surgeries or procedures within the last five years:

Funded by:

SECTION 3 – MEDICATIONS

Include a list of all medications you are taking. Ask your pharmacist to print a copy of your prescriptions. Make sure this list is updated as your prescriptions change.

Please write the date your medication list was last updated:

Date (mm/dd/yy) Medications

List any self-prescribed medications, such as vitamins, herbs or dietary supplements:

ALLERGIES List any allergies:

Do you have Community Care or other private services?

This information helps us connect you to referral services or update your care providers when necessary. These might be Home and Community Care, Personal Support Workers, or other private health care agencies.

Do Not Resuscitate Form (DNR) - Do you have a DNR in place?

Yes, a copy is included

No. More information can be discussed with family doctor